(c) to (e) The main reasons for the losses incurred by the SEBs are, absence of equity component in the capital structure of the SEB, non-capitalisation of interest during construction of projects in the past, low agriculture tariff, non-payment of RE subsidy by the State Government, inadequate rate of depreciation for adequate generation of internal resources, payment of State Electricity duty; high T&D losses in the power system, high establishment cost due to overstaffing, large arrears in revenue collection, time and cost overrun in completion of projects, deficiencies in operation and maintenance practices, etc.

Steps taken to improve the performance of the SEBs include amendment to the statute making it obligatory on the Boards to earn return of 3% surplus on fixed assets, making theft of power a cognizable offence, implementation of centrally sponsored renovation and modernisation schemes for uprating the performance of the thermal power stations, introduction of meritorious productivity reward scheme for improved performance of thermal power stations, etc.

As a result of timely measures taken by State Governments to restructure the loans of the SEBs, revise the tariff and release RE subsidy, etc., 5 State Electricity Boards have improved their financial performance.

Efficiency of Anti-Polio treatment

595. SHRI VISHWASRAO RAMRAO PATIL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any cases have been reported during the last three years about the failure of anti-polio treatment; and

(b) if so, what are the details of assistance, including financial assistance made available to the victims in these cases ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI NILAMANI ROWTRAY): (a) Poliomyelitis is one of the six diseases for which vaccine is administered under Immunization Programme in our country. The efficacy of oral polio vaccine is estimated to range between 85 to 90 per cent and there are cases reported in scientific literature from several countries indicating that in rare cases a fully vaccinated child can also get the disease. Routine statistics of such cases is not collected, but analysis of the data relating to cases treated in the city of Bombay during 1987 revealed that out of the children who suffered from attack of poliomyelitis nearly 17% had received three doses of oral polio vaccine. While the total number of polio cases in the community will be substantially reduced as a result of mass immunization, the proportion of vaccines among the positive cases may show an increase owing to inherent limitations of the vaccine efficacy ; and

(b) Immunization provides significantly high level of protection against disease and hence mass immunization is provided as part of the public health programme, though no specific assistance is given to any child who may unfortunately catch the disease. Rehabilitative care is, however, available through hospitals and specialised medical institutions.

Sick Industrial Units in the country

596. SHRI JAGADISH JANI: Will the Minister of INDUSTRY be pleased to refer to the answer to U. Q No. 1458 given in the Rajya Sabha on the 31st July, 1989 and state:

(a) what is the number of large, medium and small scale industries

which have fallen sick in different States by the end of 1988-89;

(b) whether any of such units have been reviewed so far; and

(c) if so, what are the State-wise details thereof?

THE MINISTER OF INDUSTRY (SHRI AJIT SINGH): (a) Data on sick industrial units is being collected by Reserve Bank of India. According to the latest data available from the RBI, State-wise data on sick industrial units under the SSI and Non-SSI categories as at the end of December, 1987 is given in Statement-I.

(b) and (c) Details in respect of Non-SSI units revived State-wise as at the end of December, 1987 is given in Statement II. Details in respect of SSI units which have been revived are not available. However, RBI has reported that 8470 sick SSI units have been put under nursing programme.

Statement-I

Sl. No.	State/Union Territories	Number of Non-SSI sick units	Number of SSI sick units
1	2	3	4
1	Assam	4	9,722
2	Meghalaya	1	120
3	Mizoram	1	..
4	Bihar	29	14,151
5	West Bengal	151	21,409
6	Orissa	9	8,692
7	Tripura	1	357
8	Uttar Pradesh	68	19,710
9	Delhi	23	3,010
10	Punjab	21	2,434
11	Haryana	33	2,096
12	Chandigarh	23	217
13	Jammu & Kashmir	1	2,647
14	Himachal Pradesh	5	797
15	Rajasthan	44	9,989
16	Gujarat	131	5,728
17	Maharasthra	252	15,401
18	Goa	15	673

1	2	3	4
19	Dadra N.H.	1	6
20	Madhya Pradesh	36	12,576
21	Andhra Pradesh	70	19,206
22	Tamil Nadu	107	30,942
23	Karnataka	62	8,463
24	Kerala	27	15,067
25	Pondicherry	4	271
26	Manipur	..	537
27	Nagaland	..	16
28	Arunachal Pradesh	..	11
29	Sikkim	..	4
30	Diu Daman	..	3
	TOTAL :	1119	2,04,259

NOTE : The figures for the number of Non-SSI sick units for the year December, 1987 include the sick medium scale units also as per the new definition of sickness adopted by Reserve Bank of India.

Statement-II

Sl. No.	State/Union Territories	Number of Non-SSI Sick units Revived
1.	Andhra Pradesh	..
2.	Karnataka	1
3.	Tamil Nadu	..
4.	Madhya Pradesh	1
5.	Haryana	..
6.	Maharasthra	8
7.	Gujarat	..
8.	Uttar Pradesh	..
9.	Orissa	..
10.	West Bengal	..
11.	Pondicherry	1
	TOTAL:	11

Agreement between British Overseas Development Authority and Coal India Limited

597. SHRI SUNIL BASU RAY: Will the Minister of ENERGY be pleased to state:

(a) whether it is a fact that a representative of the British Overseas Development Authority had recently come to India and met the Chairman, Coal India Limited in Calcutta; and

(b) if so, what are the details in this regard and outcome of this meeting?

THE MINISTER OF ENERGY WITH ADDITIONAL CHARGE OF THE MINISTRY OF CIVIL AVIATION (SHRI ARIF MOHD. KHAN): (a) and (b) Yes, Sir. Mr. T.P. Lankester, Permanent Secretary, British Overseas Development Administration made a